

Motor Vehicle Accident Investigation Guide (Form FS-1)

**This Section to Be Completed By Driver**

1. State Agency/Department: \_\_\_\_\_ 2. Agency Buyer Code: \_\_\_\_\_  
3. Driver's Name: \_\_\_\_\_ 4. Unit/Section: \_\_\_\_\_  
5. Classification: \_\_\_\_\_ 6. Date & Time of Accident: \_\_\_\_\_  
7. Location of Accident: \_\_\_\_\_ 8. Driver's License #: \_\_\_\_\_

9. Conditions (Please circle all that apply):

Daylight	Clear	Wet
Dawn	Cloudy	Ice
Dusk	Foggy	Vehicle Defect
Dark (street lights on)	Rain	Unknown
Dark (street lights off)	Snow	
Dark (no street lights)	Severe Wind	

10. Accident Investigation Information:

- a. State Police                       Yes       No  
b. Local Police                       Yes       No
- c. Were citations issued to:
- (1) State Driver                       Yes       No  
(2) Other Driver                       Yes       No

11. Was State driver/passenger injured?  Yes       No  
Were restraints in use?               Yes       No

12. Detailed Description of Accident: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Diagram: \

---

13. Insurance Information for Other Vehicle:

Company: \_\_\_\_\_ Tag # of other vehicle: \_\_\_\_\_  
Policy #: \_\_\_\_\_

Motor Vehicle Accident Investigation Guide (Form FS-1) Continued

**Accident Review By Supervisor**

1. Driver's Name: \_\_\_\_\_ 2. State Vehicle Tag#: \_\_\_\_\_  
3. Number of Accidents Within the Last 3 Years: \_\_\_\_\_ 4. Points on Driving Record: \_\_\_\_\_  
5. I have reviewed this accident with the driver involved and have the following additional comments:  
6. Was this accident preventable by State Driver? Yes \_\_\_\_\_ No \_\_\_\_\_  
7. Date: \_\_\_\_\_ Name: \_\_\_\_\_ Position: \_\_\_\_\_  
8. Supervisor's Signature: \_\_\_\_\_ Phone: \_\_\_\_\_

**Accident Review Board**

1. An investigation and review of this accident in accordance with the State Motor Vehicle Accident Prevention Program indicates that it should be judged:

Preventable \_\_\_\_\_ Non-Preventable \_\_\_\_\_

2. Consideration of the facts indicates the following would be helpful in avoiding such accidents in the future:

\_\_\_\_\_

3. Corrective action, if accident is found to be preventable. Please check all that apply.

- \_\_\_\_\_ 1. Letter of reprimand placed in personnel file.  
\_\_\_\_\_ 2. Require attendance at a driver improvement program.  
\_\_\_\_\_ 3. Temporary denial of driving privileges in State vehicle.  
\_\_\_\_\_ 4. Permanent denial of driving privileges in a State vehicle.  
\_\_\_\_\_ 5. Suspension of one or more days in compliance with Maryland Personnel Rules.  
\_\_\_\_\_ 6. Requirement to reimburse State for damages to State property.

4. Date Driver Notified: \_\_\_\_\_ Driving Record Card Noted: ( ) Yes ( ) No

5. Review Board Signatures:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_